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		Application Number			
		Filing Date			
		First Name Inventor	Jon Godston		
		Group Art Unit			
Examiner Name					
Sheet	1	of	2	Attorney Docket Number	010398-9065-02

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
ga		4,713,995	Davi	12/22/1987
		3,756,625	Abilgaard et al.	9/4/1973
		3,826,168	Growth, III et al.	7/30/1974
		5,740,712	Watkins et al	4/21/1998
		5,683,218	Mori	11/4/1997
		5,431,519	Baumann	7/11/1995
		5,273,387	Growth, III et al.	12/28/1993
		5,163,350	Growth, III et al.	11/17/1992
		5,007,782	Growth, III et al.	4/16/1991
		4,833,958	Abildgaard et al.	5/30/1989
		4,077,288	Holland	3/7/1978
		3,793,660	Sims	2/26/1974
		383,200	Weber et al.	5/22/1888
		5,040,411	Tamura	8/1/1991
		5,247,863	Cohen	9/1/1993
		5,664,473	Huang	9/1/1997
ga		4,499,805	Mori	2/1/1985

Examiner Signature	Ghassem Alie	Date Considered	6/22/04
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U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
ga		4,656,907	Hymmen	4/1/1987
		5,143,502	Kaufmann et al.	9/1/1992
		4,036,088	Ruskin	7/1/1977
		3,921,487	Otsuka et al.	11/1/1975
ga		3,735,655	Dedona, et al.	5/1/1973

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract
ga	EP	0283676 A2	Firma Louis Leitz	9/28/1988	—	X

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Examiner Signature	Ghassem Alie	Date Considered	6/22/04
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